

34-98 B2792C
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FILED
 Mar 04 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000040819 (0)
 1. Corporation Name
 SADDLEBROOK (1998), INC.



Principal Place of Business: 1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308
 Mailing Address: 1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 05/13/1996

4. FEI Number: 59-3388028

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-28) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: MOTTICE, H. JAY, 2111 N. MONROE ST. SUITE 203, TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent (61-64): MOTTICE, H. JAY, 1834 Hermitage Blvd., Ste 201, Tallahassee, FL 32308

11. Pursuant to the provisions of Sections 607.0592 and 607.505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *H. Jay Mottice* DATE: 2/24/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOTTICE, H JAY	
STREET ADDRESS	2111 N MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOTTICE, H JAY	
STREET ADDRESS	2111 N MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOTTICE, JOHN P.	
STREET ADDRESS	2111 N MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1834 Hermitage Blvd. Ste 201
1.4 CITY-ST-ZIP	Tallahassee FL 32308
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1834 Hermitage Blvd. Ste 201
2.4 CITY-ST-ZIP	Tallahassee FL 32308
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1834 Hermitage Blvd., Ste 201
3.4 CITY-ST-ZIP	Tallahassee FL 32308
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attachment with an address.

SIGNATURE: *H. Jay Mottice* DATE: 2/24/97

CR2E034 (10/97)